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CLAIMS AS FILED - PART I (Column 2)									ENTITY		ОТН	ER THAN	_
F	TOTAL CLAIM	18				10-00-1012		TYPE RATE	FE			T ENIIL	_
	<b>OR</b>	٠.	NUMBE	ER FRLED	· NUMBER EXTRA		•	BASICF	-	-	RATE		_
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4	3/1/05		•	TOTAL		<b></b> Jo₽	TOTAL	146	2				
	1/20/05	(Column 1)		MENDED - PART II  (Column 2) (Column 3)				SMALI	LEMÍN	7 OR		OTHER THAN MALL ENTITY	
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